P10000065761

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STORE TARY OF STATE

Amend AC Neuro 8-8-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	M. NAVARRO SERVICES INC.		
DOCUMENT N	UMBER:	P10000065761		
The enclosed Arti	cles of Amendment and fee	re submitted for filing.		
Please return all c	orrespondence concerning th	s matter to the following:		
		Manuel Navarro		
	1	ame of Contact Person		
	M. NA\	ARRO SERVICES INC.		
		Firm/Company		
		P.O. Box 422887		
		Address	**************************************	
	Kissi	nmee, Florida, 34742		
	The state of the s	ity/ State and Zip Code		
	mnava	то@dapora.com		
	E-mail address: (to be use	for future annual report notific	eation)	
For further inform	ation concerning this matter,	please call:		
	Manuel Navarro	at (407)	508-2322	
Name	e of Contact Person	Area Code & Days	time Telephone Number	
Enclosed is a chec	k for the following amount r	ade payable to the Florida	Department of State:	
\$35 Filing Fee		□ \$43.75 Filing Fee & Certified Copy (Additional copy is enc	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing A	<u>ddress</u>	Street Address		
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporation	ons	
P.O. Box 6327		Clifton Building		
Tallahassee FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301



RECEIVED

11 AUG -8 AM 11: 50

SECKETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2011

MANUEL NAVARRO N. NAVARRO SERVICES, INC. P. O. BOX 422887 KISSIMMEE, FL 34742

SUBJECT: M. NAVARRO SERVICES INC.

Ref. Number: P10000065761

We have received your document for M. NAVARRO SERVICES INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L06000040766 - NAVARRO ENTERPRISES, LLC. The new name must contain a suffix.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 711A00018270

Articles of Amendment to **Articles of Incorporation** of

11 AUG -8 PM 12: 17 M. NAVARRO SERVICES INC. SEGRETARY OF STAFE. (Name of Corporation as currently filed with the Florida Dept. of State)

P10	000065761		
(Document Nur	nber of Corporation (if k	nown)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corporation	adopts the following
A. If amending name, enter the new name o	f the corporation:		
M. NAVAR	RO ENTERPRISE S	INC.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," ".	Inc," or "Co". A profession	rated" or the ial corporation
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			P
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		Box 422887	
	<u>Kissin</u>	mmee, FL 34742	
If amending the registered agent and/or registered agent and/or the new registered.		s in Florida, enter the name	of the
	stereu omce address:		
Name of New Registered Agent:	****		
New Registered Office Address:	(Florida stree	et address)	
		, Florida	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing the hereby accept the appointment as registered as	ng Registered Agent: gent. I am familiar with	h and accept the obligations o	f the position.
	ignature of New Register	red Agent if changing	

If aniending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Address **Title** <u>Name</u> **Type of Action VP** Willy Navarro _____ 🔲 Add 4317 Biel Court ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: 07/29/2011		
Effective date <u>if applicable</u> :	08/01/2011	(date of adoption is required)
,	(no more than 9	90 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	IECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting group)	
action was not required.		board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder
Dated_07/2	29/2011 Alakk	The state of the s
(By sele		lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Manuel Navarro
	(Тур	ped or printed name of person signing)
		President
	(Title of	f person signing)